



Substance Abuse  
and Mental Health Services  
An Office of the  
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services  
Substance Abuse and Mental Health Services  
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Pursuant to Public Law, Chapter 488, An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program the Commissioner of Health and Human Services has the authority to grant an individual a waiver from the requirement to electronically prescribe opioid medications.

Waivers may be granted based on documentation by a practitioner that his or her ability to issue an electronic prescription is unduly burdened by: technological limitations that are not reasonably within the control of the practitioner; or other exceptional circumstances demonstrated by the practitioner. Detailed evidence of, technological limitations and other exceptional circumstances must be provided, including all steps that are being taken, in the interim, to meet this mandate. A waiver may be granted for a period determined appropriate by the department not to exceed twelve (12) months, although the Department may renew the waiver upon a new demonstration that the practitioner's ability to issue an electronic prescription is unduly burdened.

## INDIVIDUAL REQUEST FOR WAIVER FROM ELECTRONIC PRESCRIBING FOR MAINE PRESCRIPTION MONITORING PROGRAM

Please provide the information requested below. (Note: *Incomplete submissions will not be processed.*)

Prescriber Name	DEA Number	ME License Number
Email Address		Area Code and Telephone Number
Waiver Site Address (Waiver requests are location specific, each practice address for which a waiver is being requested must be indicated below.)		
<b>1.</b> Practice Name _____ Street Address _____ _____ City _____ State <b>ME</b> Zip _____	<b>2.</b> Practice Name _____ Street Address _____ _____ City _____ State <b>ME</b> Zip _____	
<b>3.</b> Practice Name _____ Street Address _____ _____ City _____ State <b>ME</b> Zip _____	<b>4.</b> Practice Name _____ Street Address _____ _____ City _____ State <b>ME</b> Zip _____	

## Waiver Request Information

Reason:

- Technological limitations not reasonably within the control of the practitioner
- Other exceptional circumstance

*Selection(s) of any or all of the reasons above does not guarantee waiver request approval. Waiver applications are evaluated on their individual merits but will not be processed unless detailed information is provided.*

Supporting Documentation *(Applications will not be processed without detailed supporting information.)*

**Provide information to support the need for a waiver below.** Provide a detailed description of the, technological limitations not reasonably within the control of the practitioner and other exceptional circumstances that are relevant. Please include each site's current electronic prescribing capabilities, the date when those capabilities are expected to be fully operational, steps that are being taken to meet the e-prescribing mandate and any other pertinent information related to the request. *(Submit separate attachments if necessary)*

**I affirm that all the statements herein are true and complete.**

Practitioner Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

*False statements made herein are punishable pursuant to 17-A M.R.S.A. §453.*

**Submit Waiver Request**

Please email the completed form and supporting documentation to [SAMHS.PMP@maine.gov](mailto:SAMHS.PMP@maine.gov) with "Prescriber Electronic Prescribing Waiver Request" in the subject line. Or, mail to:

**Department of Health and Human Services  
Office of Substance Abuse and Mental Health Services  
Prescription Monitoring Program  
11 State House Station, 41 Anthony Avenue  
Augusta, ME 04330-0011**

A practitioner who has been granted a waiver shall notify the Maine PMP, within five business days, upon gaining the capability to issue an electronic prescription. The waiver originally granted shall terminate as determined by Maine PMP.

For questions regarding this process, please call (207) 287-2595 or email [SAMHS.PMP@maine.gov](mailto:SAMHS.PMP@maine.gov)

**\*\*More information regarding e-prescribing is available on our website: [www.maine.gov/pmp](http://www.maine.gov/pmp)**

-----For Department Use Only-----			
<b>Date Received:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Deferred	<b>Authorized Signature</b>	<b>Date of Action:</b>
<b>Comments/Notes</b>			
<b>Expiration Date:</b>			

## Waivers

State of Maine licensed practitioners may apply for a waiver from electronically prescribing opioid medications under the following circumstances:

1. Technological limitations not reasonably within the control of the practitioner
2. Other exceptional circumstances not reasonably within the control of the practitioner

### Process for Submitting a Waiver

1. Waivers must be requested from the Office of Substance Abuse and Mental Health Services (SAMHS) Prescription Monitoring Program (PMP).
2. Waiver applications must include **all** of the following. Incomplete applications will not be processed. (*Incomplete applications will be sent back to the applicant with a letter indicating the reason for deferral.*)
  - a. Reason for request
  - b. Current electronic prescribing capabilities
  - c. Steps that are being taken to meet the e-prescribing mandate
  - d. Date when electronic prescribing capabilities are expected to be fully functional
  - e. Practitioner's signature
3. Responses to waiver requests will be made no later than sixty (60) days from the date a completed application is received by SAMHS PMP. *You will not be penalized for non-compliance to the e-prescribing requirement of PL 488 if your completed application has been received by SAMHS PMP and remains under review after August 1, 2017.*
4. Applicants will receive a verification certificate upon receipt and approval of waiver applications that should be included with all written opioid prescriptions sent to pharmacies.
5. Waivers may be granted depending on the circumstances for a period determined appropriate by the office not to exceed twelve (12) months.
6. A practitioner may resubmit a waiver application if e-prescribing capabilities are not achieved within the given timeframe.
7. Complaint will be filed with the Maine Board of Licensure in Medicine for practitioners not in compliance with the PMP e-prescribing requirements.